Guide To Health Authority Accountability Documents

3-Year Health Plans
Annual Business Plans
Quarterly Reports
Annual Reports

November 2004

Alberta
HEALTH AND WELLNESS

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Message from the Deputy Minister

Alberta Health and Wellness has prepared this guidebook to assist in the development, submission and assessment of the key documents that frame the accountability relationship between health authority Boards and the Minister. These documents are the basis for reporting health authority performance to government, stakeholders and the public.

The 3-year Health Plan sets out how the health authority will carry out its obligations under the *Regional Health Authorities Act.* This plan indicates how the health authority has aligned its strategies with the goals set out in the Ministry's business plan and what steps it will take to meet government expectations. Health Plans also indicate measures to be used to assess performance. This information sets the direction for effective governance of the health region.

The Annual Business Plan sets out what tactical and operational actions the health authority will implement to meet first year expectations of the Health Plan. The Annual Business Plan includes information on the expected performance targets to be achieved, as well as the resource allocation decisions made to accomplish expectations.

Quarterly reports are an effective mechanism for demonstrating progress towards the goals and targets set out in the Health Plan and Business Plan.

Annual Reports provides information in three main areas: operational information (including health plan progress), the degree to which a health authority has achieved government expectations, and financial statements.

Renewal of Alberta's health system requires more than good stewardship: we are to be leaders in shaping the future while delivering excellence in our daily duties. Through greater inter-regional collaboration and innovative practices the health authorities will be better prepared to operate within balanced budgets and achieve long-term sustainability.

Working together we will build, deliver and demonstrate excellence in our health care system.

(original signed)

Dr. Roger Palmer
Deputy Minister
Alberta Health and Wellness

1 Overview

The 3-year Health Plan, Annual Business Plan, Quarterly Reports and Annual Report provide Health Authorities with a framework for:

1. Governance and management of the health region
2. Accountability to the Minister and
3. Keeping the public informed

Intended as a reference, this guidebook provides useful information for the preparation, submission, review and assessment of these key documents as used to manage the accountability relationship between the Ministry of Health and Wellness and the province's Health Authorities.

This guidebook is not an exhaustive source of all related references. While referencing other documents, it does not quote all pertinent legislation, nor does it include a complete set of policy documents, for example the publication *Framework for a Healthy Alberta.*

This guidebook is an evolving document, subject to revisions and updates to reflect progress made in the health system as well as the experience of the accountability relationships.

The following consolidated information summaries have been appended to this guidebook as additional reference guides:

- Appendix A: Your Authorities New Health Plan (a quick reference on health plans)
- Appendix B: Planning for Results Framework (a logic model for constructing plans)
- Appendix C: Health Plan Factors and Measures (a basis for submission and assessment)
- Appendix D: Accountability Documents Timetable
- Appendix E: 2004-07 Alberta Health and Wellness Business Plan

2.0 Health Plans

2.1 Purpose

The purpose of the 3-Year Health Plan is to:

1. Provide health authorities with a mechanism to set out the long-term term direction for effective governance of its health region
2. Communicate to the Minister how a health authority has laid out plans that align with the Ministry business plan
3. Indicate what achievements are planned to meet both the regional health authority's and government expectations
4. Promote accountability through compliance with legislated requirements.

The development and submission of a proposed Health Plan consolidates and communicates the challenges and opportunities faced by a health authority as well as the strategic approach it

intends to follow to meet its responsibilities. As a public document, the health plan communicates this information to stakeholders.

As a results-focused strategic document the Health Plan must answer three key questions:

1. What are the Health Authority's strategic goals?
2. What measures, targets and indicators will be used to allow the Health Authority to know it is being successful in achieving these goals?
3. What specific strategies are proposed to achieve targets in support of these goals?

The development and form of the health plan should flow from a health authority's governance responsibilities, management systems and existing planning processes. The Ministry is most interested in the content of the health plan, not in its form.

Overall quality of a Health Plan relates to a few key attributes. Quality will improve as capacity to deliver these attributes evolves, for example comparability of measures. An effective Health Plan will be:

- Complete – addresses the purpose and reasons for having a health plan
- Comprehensive – articulates where the health authority wants to be and why
- Converged – focuses on key strategies to accomplish desired results
- Comparable – uses performance measures that enable comparisons across regions
- Concise – facilitates administrative and public results reporting

As a results-based planning document the logic within the Health Plan should demonstrate:

- Priorities, with desired results
- Appropriate measures are selected to assess progress towards desired results
- Performance targets are set for selected measures
- Strategies are chosen, developed and implemented to achieve set performance targets
- Actual results achieved are the basis for evaluating and reporting performance.

2.2 Legislative Requirement

Each Health Authority is accountable to the Minister for meeting its responsibilities as set out in the *Regional Health Authorities Act.* Section 9 of the *Regional Health Authorities Act* requires a health authority to submit for approval a proposed health plan to the Minister, and annually to submit to the Minister a proposal to amend an approved health plan.

Section 9 (4) of the *RHA Act* requires a proposal for a Health Plan to contain:

- A statement of how the Regional Health Authority (RHA) proposes to carry out its Section 5 responsibilities and to measure its performance in carrying out those responsibilities. Under Section 5 an RHA is required to:
    - Promote and protect the health of the population in the health region and work toward the prevention of disease and injury

  - Assess on an ongoing basis the health needs of the health region
  - Determine priorities in the provision of health services in the health region and allocate resources accordingly
  - Ensure that reasonable access to quality health services is provided in and through the health region, and,
  - Promote the provision of health services in a manner responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region.
- Provisions for the establishment of one or more Community Health Councils
- Provisions setting out the role of the CHCs in their relationship to the regional health authority
- Information respecting the health services to be provided and the anticipated cost of providing those health services
- Any other information required in the regulations or by the Minister.

The Health Plan should discuss comprehensively how the Board intends to meet each legislated responsibility. Information regarding performance measures for each responsibility should be specific, measurable and relevant, indicating trends where appropriate. Targets should be attainable, based on the priorities of and the level of resources available to the RHA.

Summary information concerning the establishment and role of community health councils (CHC) and their relationship to the health authority is to be included in the health plan.

2.3 Statement of Accountability

As a statement signed by the Chair of the health authority, the Statement of Accountability confirms that the 3-year Health Plan:

- Was developed under the direction and guidance of the Board
- Is in accordance with appropriate legislative authority and government requirements
- Aligns with Alberta Health and Wellness Business Plan goals
- Addresses government's expectations for health system renewal
- Signifies health authority Board commitment to achieve results indicated in the plan.

The required wording is:

> "This 3-year Health Plan for the period commencing April 1, ____ was prepared under the Board's direction in accordance with the *Regional Health Authorities Act* and direction provided by the Minister of Health and Wellness.
>
> The strategic direction and priorities of the _____ Health Authority have been developed in the context of legislated responsibilities, the Ministry of Health and Wellness' business plan, and provincial government expectations as communicated by the Minister.
>
> Performance measures are included as the basis for assessing achievements.

The Board and administration of the _____ Health Authority are committed to achieving the planned results laid out in this 3-year Health Plan.

Respectfully submitted on behalf of _____ Health Authority,

Signed by Health Authority Board Chair"

2.4 Context

The health plan should include key information about the health authority and the environment within which it operates as an aid to increasing stakeholder awareness and understanding.

Typically, areas of interest include:

- Statements concerning the health authority's vision, mission and values
- Discussion of the health authority's core businesses
- Identification of the opportunities and challenges the health authority faces
- Other information the health authority deems important to communicate.

2.5 Strategic Direction and Performance Measures

Health Plans discuss a health authority's key strategic directions to accomplish goals regarding:

- Legislated responsibilities
- Alignment with ministry business goals
- Commitment to accomplishing government expectations.

Each goal should indicate the measures to be used to assess results and achievements. Measures may be based on outcomes, outputs, activities, processes or inputs. Ideally measures will be more outcome or results-based and less process or activity-based. This ideal may not be practical in all situations and "proxy" measures may the best interim alternative.

Determining measures and setting targets is critical as this:

- Turns good intentions into actions
- Clarifies direction and defines strategic intent
- Helps focus efforts and resources
- Communicates responsibilities
- Supports consensus building and organizational teamwork.

2.6 Alignment with Ministry Business Plan

As the Minister is accountable to the Legislature for the overall direction and operation of the health system, the Ministry's business plan:

- Provides the vision and strategic direction for the health system
- Identifies the goals and strategies Alberta Health and Wellness will implement, and
- Indicates the key performance measures that the ministry will report to assess results achieved by the system.

Health Plans are to demonstrate understanding of and alignment with the strategic direction, goals and strategies, and performance considerations identified in the Ministry's business plan.

2.7 Government Expectations

Government has identified specific areas to advance health system renewal. Principle objectives are sustainability of and performance improvement in Alberta's health system. Health Plans indicate a health authority's strategic thrusts for each area.

The following chart lists current*government expectations and related goals:

AREA	GOAL
Information and Technology	Improved capacity of Alberta's health system to promote and deliver services by cost-effectively harnessing the advances being made in information technology
Cost of Services	Services delivered in a cost-effective manner
Wellness and Healthy Living	Implement strategies and identify targets that contribute to the achievement of objectives and targets set out in the *Framework for a Healthy Alberta*
Access to Services	Patients receive services within appropriate standardized time frames. Additional regional service access targets are set based on priorities established by the health authority Board
Mental Health	Health Authority has an effective and responsive planning and accountability process to meet clients' mental health needs
Quality of Services	Quality service is provided to residents

Primary Care	Attainment of the primary care objectives
Continuing Care	Provide quality continuing care services based on assessed need, coordinated access and a focus on community services that promote "aging in place".
Workforce	The health region is able to secure and retain an adequate and appropriate supply of health care workers to meet identified health needs
Collaborative Opportunities	▪ Excellence in the Board's governance role ▪ Innovative partnerships that benefit Alberta's health system in general and the health authority in particular ▪ Innovative inter-regional collaborations that benefit Alberta's health system in general and the health authority in particular

** These expectations will evolve and change over time*

Appendix C: Health Plan Factors and Measures references information useful in preparing and evaluating the Health Plan. Part B of Appendix C provides information on the factors and measures relative to Government Expectations. The factors and measures identified will likely change as progress in measurement of health system performance evolves and as the necessary data to support appropriate measures becomes available.

2.8 Submission, Review and Approval Process

Submission of the Health Plan is required by December 31 of the year preceding 3-year period covered by the Health Plan. The submission is in effect a proposed amendment to a previously approved Health Plan. As provided for under section 9 (7) of the *RHA*, a health authority:

- May propose an amendment on its own motion, or
- Shall submit a proposal to amend a health plan on specified matters based on a written request by the minister, or
- Shall annually submit a proposal to amend a health plan.

The ministry will review the proposed health plan and provide the Minister with an assessment of the health plan. The ministry executive will endeavor to meet with the RHA executive to discuss and provide feedback on the proposed Health Plan.

As stated in section 9 (8) the minister may:

- Approve the proposal as submitted,
- Amend the proposal and approve it as amended, or
- Refer the proposal back to the regional health authority with directions to take any further action the Minister considers appropriate.

If a proposal is sent back, it must be resubmitted as directed by the Minister and approved, amended or referred back with further directions.

2.8 Publication

Once approved, a health plan is a public document. The health authority should publish the approved health plan and make a copy available, upon request, to any person requesting a copy. The health authority's web site should post the approved health plan.

3 Annual Business Plans

3.1 Purpose

The purpose of the Annual Business Plan is to:

1. Communicate how the health authority expects to achieve **the next year's** expected results of the 3-year Health Plan, including measures and targets

2. Describe planned tactical and operational approaches and implementations

3. Indicate how available financial and other resources are to be deployed.

Detailed program and service plans, implementation plans and work plans are not required to be submitted, although the business plan may make reference to significant aspects of those plans. Health authorities may choose to release other documents that complement the business plan for a variety of audiences.

3.2 Legislative Requirement

Legislation provides a provincial framework for the development of business plans by health authorities. Health authority business plans are submitted to the Minister of Health and Wellness in compliance with legislation as follows:

- Regional Health Authorities: *Government Accountability Act*
- Alberta Mental Health Board: P*rovincial Mental Health Board Regulation* authorized by the *Regional Health Authorities Act*
- Alberta Cancer Board: *Government Accountability Act.*

The regional health authority submits the business plan to the Minister as information. The health authority business plan is a public document.

3.3 Planning for Results

With reference to the strategic priorities set out in the Health Plan, the Business plan will indicate how, for the next year of the 3-year Health Plan, the health authority has allocated resources to accomplish strategic priorities.

Based on Health Plan goals and measures, the Business Plan indicates what targets the health authority expects to achieve in the next year and by when it intends to achieve them.

Based on the targets set in the Health Plan, the health authority will outline its tactical plan to accomplish expected results.

This results-based planning framework, with an example, is illustrated in Appendix B.

3.4 Province-Wide Services

Each of Calgary Health Region, Capital Health and East Central shall include, as part of its business plan, information outlining the intended approaches, budget and expected results in its delivery of province wide services.

3.5 Surgical Contracts under the *Health Care Protection Act*

Health authorities with contracts or with plans, over the next business plan cycle, to enter into contracts for surgical services with facilities pursuant to *Health Care Protection Act* are to include relevant information regarding the type, volume and costs of these services to facilitate assessment of the plan. A comprehensive proposal including analysis of public benefit is required when seeking Ministerial approval of the proposed contracts.

3.6 Financial Information

The business plan must include a financial plan that is compliant with existing legislation related to operating deficits.

Financial Plan form and content are set out in templates and guidelines provided by the Ministry.

3.7 Statement of Assumptions, Risks and Implications

When submitting the Annual Business Plan, a health authority is also required to submit to the Minister a statement of *Assumptions, Risks and Implications* as advice to the Minister. Development of this statement considers analysis of the current and projected future of the health authority, its external environment and key internal variables. As a guide:

- **Assumptions** describe the significant underlying factors, both current and anticipated, that provide the foundation, rationale and strategic direction for the business plan.
- **Risks** focus on key variables and challenges that could impact a health authority's planning decisions, selected strategies, and performance targets. Include information on the degree of certainty and what contingency plans are in place to deal with key risks.
- **Implications** address what impact a balanced budget is expected to have on programs, people and infrastructure and the extent to which these impacts may affect local communities.

3.8 Submission, Review and Publication

A **draft** of the Annual Business Plan is to be submitted with the 3-year Health Plan to the Minister by December 31. This draft provides the Minister with an opportunity to understand the tactical approaches the health authority will take to meet Health Plan objectives and what impact these tactics may have on health services and service delivery, communities, human resources and capital infrastructure.

Upon approval of the provincial government budget, the health authority will **finalize** the Annual Business Plan and submit it to the Minister by March 31. As a public accountability document, the health authority is required to publish the Annual Business Plan.

4.0 Quarterly Reports

There are two types of quarterly reports: a Performance Progress Report and a Financial Report.

Each health authority is to submit within **45** days of the end of each quarter, a Performance Progress Report to the Minister demonstrating the extent to which a health authority is meeting its health plan strategies and business plan objectives. The report should provide quantitative and qualitative information related to the measures and targets and must explain variances between actual results and Annual Business Plan expectations. Quarterly Performance Progress Reports may follow the form of performance progress reports provided to the health authority Board by its management.

Quarterly Financial Reports including Special Purpose Funds Reporting are to be prepared and submitted to Alberta Health and Wellness within **30** days after the end of each quarter. The quarterly financial reports must be prepared in accordance with the requirements set out in financial directives.

The health authority Board must approve these reports before they are submitted to the Minister.

The submission of an Annual Report eliminates the need for a fourth quarter reporting.

5.0 Annual Reports

5.1 Purpose

The purpose of the Annual Report is:

1. To be a key public accountability document for reporting how the health authority has discharged its legislated responsibilities and any other responsibilities delegated by the Minister. It reports on key areas fundamental to good accountability including governance and organization, achievements relative to what is legislatively required, and financial results. The Minister is required to table health authority Annual Reports in the Legislative Assembly. Accountability is defined as: "the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities."

2. To provide a means for highlighting the health authority's accomplishments, progress and results achieved over the year, including explanation for any significant variation between actual results and those expectations planned in the 3-year Health Plan and to be accomplished through implementation of the Annual Business Plan.

3. To be a vehicle for communication to residents of the region and people of Alberta. As a public communication tool, the Annual Report should inform the public about the major responsibilities of the Board, the services provided, major issues facing the health region and how these are being addressed, key contacts, and information about health authority operations. The health authority publishes and makes available the Annual Report

5.2 Legislative Requirement

A health authority is required to prepare and submit to the Minister of Health and Wellness an Annual Report in compliance with legislation as follows:

- Regional Health Authorities: *Government Accountability Act* and the *Regional Health Authorities Act* and *Regional Health Authorities Regulation 17/95*
- Alberta Mental Health Board: P*rovincial Mental Health Board Regulation* authorized by the *Regional Health Authorities Act*
- Alberta Cancer Board: annual report submitted in accordance with the *Alberta Cancer Programs Act*.

5.3 Elements of the Annual Report

As guiding principles, the content of the Annual Report should:

- Focus on achievements rather than on activities that have not yet yielded results

- Objectively report quantitative or qualitative evidence directly relevant to the performance measures laid out in the Annual Business Plan
- Provide explanation on any variance to expected achievements and targets

The following minimum elements are to be included when preparing the Annual Report:

- **Letter of Accountability from Health Authority Chair**

Using the wording specified below, the Letter of Accountability informs the readers the Annual Report was developed in accordance with appropriate legislative authority, government requirements and guidelines, and was approved by the Board.

> *We have the honour to present the annual report for the {health authority} for the fiscal year ended March 31, ____.*
>
> *This Annual Report was prepared under the Board's direction, in accordance with the Government Accountability Act, Regional Health Authorities Act and directions provided by the Minister of Health and Wellness. All material economic and fiscal implications known as at July 31, ____ have been considered in preparing the Annual Report.*
>
> *Respectfully submitted on behalf of (health authority).*
>
> (Signed by Health Authority Chair)

- **Board Governance**

Convey to the readers of the Annual Report how the Board directs and governs the business of the health authority in accordance with the Expectations for Board Governance set out by the Minister. Include information such as Board structure and process.

- **Organizational and Contact Information**

Describe the current organizational and advisory structure and identify any changes that occurred to these structures during the year. Provide an overview of the Community Health Councils, including names, dates established, mandate, and accomplishments.

Include information sufficient to enable a reader to contact the health authority for information about the operations or services of the Authority.

- **Service Delivery Information**

Provide sufficient information to inform a reader about the responsibilities of the health authority and the services it provides within the region.

- **Activities and Accomplishments**

Describe the major strategic directions for the past year as set out in the 3-year Health Plan and expected activities and accomplishments relative to the Annual Business Plan.

Items discussed should include highlights of major initiatives and accomplishments during the past year that promoted achievements of the health authority's Strategic, Capital, Information Management and Technology, and Health Workforce Plans. A discussion on accomplishments of Province Wide Services should also be provided if applicable.

- **Performance Report**

Include a Performance Report section describing key activities undertaken to meet expectations and key results or outcomes achieved during the year. Report on achievements in relation to the expectations set out in the 3-Year Health Plan and the Annual Business Plan and provide comparison of each expected achievement to actual results. Include a brief explanation of variance against targets and any other facts relevant to aid understanding of performance. Relevant fact may include community needs assessment findings, social, economic or political changes, health authority resources, and factors affecting the health status of the health region's population.

Conclude this section with the Board's overall assessment of performance during the year, and specifically highlight strategic activities that have promoted collaboration among regions, innovation and effective practices. The Minister of Health and Wellness may use the health authority information in his public communication.

- **Financial Summary**

Include the following:

- A complete set of audited financial statements prepared in accordance with Financial Directives.
- A Statement of Management Responsibility for Financial Reporting
- Management Discussion and Analysis (MD&A)
- Financial indicators, as required by Financial Directives
- Explanation of significant variance from budget.
- Any additional information to improve the communication value of the Annual Report.

- **Surgical Contracts under Health Care Protection Act**.

Summarize results from the annual performance reports submitted during the fiscal year to the health authority by surgical facilities under an agreement. For each broad service area, discuss the extent to which expected public benefit anticipated in the proposal to the Minister was achieved. Include reference to any improvements in the operations of the health authority, reduction in wait-lists and costs, flexibility to patients and any other matters relevant to the strategy for contracting out surgical services. The discussion is to closely relate to the rationale provided in the request to the Minister for approval of the proposal.

5.4 Submission, Review and Publication

By regulation, Annual Reports are to be submitted by **July 31** following the end of the fiscal year to which they relate. The ministry will provide updated data to support health authority annual reports by June 15.

The Minister reviews the Annual Report to:

- Ensure all required components are included
- Assess its value as an accountability document
- Assess performance variations from plans and their impacts
- Determine specific direction, if any, for a health authority based on results reported.

Once approved by the Board, an annual report is a public document. The health authority should publish the Annual Report and make a copy available, either in hard copy or electronic medium, upon request, to any person requesting a copy.

6 Contact Information

The following people may be contacted for additional information on this guide.

▪ Shaukat Moloo, Director Health Authorities Division Alberta Health and Wellness Box 1360, Station "M" Edmonton, AB T5J 2N3 Phone: 427-0571 **Shaukat.Moloo@gov.ab.ca**	▪ John Quince, Senior Manager Health Authorities Division Alberta Health and Wellness Box 1360, Station "M" Edmonton, AB T5J 2N3 Phone: 415-2852 **John.Quince@gov.ab.ca**

7 Appendices

The following appendices are provided as additional reference material:

- Appendix A: **Your Authorities New Health Plan** (a quick reference on health plans)
- Appendix B: **Planning for Results Framework** (a logic model for constructing plans)
- Appendix C: **Health Plan Factors and Measures** (a basis for submission/assessment)
- Appendix D: **Accountability Documents Timetable** (a graphical reference)
- Appendix E: **Alberta Health and Wellness Business Plan 2004-07**

APPENDIX A:

YOUR AUTHORITY'S NEW HEALTH PLAN

Appendix A

YOUR AUTHORITY'S NEW HEALTH PLAN

Four Reasons for a Health Plan

- Sets the direction for effective governance
- Aligns with Ministry business plan
- Meets government's expectations
- Required under legislation

Government's Areas of Expectation (evolving)

- Information technology and services
- Cost
- Quality, access
- Wellness and healthy living
- Primary and continuing care
- Mental health
- Workforce

Key Health Plan Attributes – 5 Cs

- Complete — addresses all four reasons for a health plan
- Comprehensive — articulates where the region wants to be
- Converged — focuses on key strategies for desired results
- Comparable — can be compared across regions
- Concise — facilitates administrative and public results reporting

Content, Not Form

- The Ministry is most interested in the content of the health plan, not in its form.
- Form should flow from regions' governance and management systems and processes.
- Health plan and business plan are the basis for reporting performance to board and Minister.

Relationship to Business Plan

Think of the health plan as your strategy — what you want to accomplish — and the business plan as your tactics — how you will use human, fiscal and other resources to implement the strategy.

Health Plan (3-year)

- Results-focused strategy document
- Required under the *Regional Health Authorities Act*
- Identifies measures and targets over **three** years
- Released publicly
- Subject to Minister's approval

Business Plan (Annual)

- Tactical implementation document
- Required under the *Government Accountability Act*
- Health authorities are "accountable organizations"
- Shows how resources will be used over one year
- Released publicly
- Does not require Minister's approval

Measuring Results

- Measures turn good intentions into actions
- Measures help to focus efforts and resources
- Measures can be based on:
  - *outcomes* – e.g. healthy birth weights
  - *outputs* – e.g. shorter wait times, more MRI scans, more designated assisted living spaces
  - *activities* – e.g. regional mental health plan, research initiatives
  - *process* – e.g. stronger partnerships, quality assurance
  - *inputs* – e.g. more nurses, investment in training
- Measures should support those in the provincial business plan
  - *Ministry* – e.g. success with treating chronic conditions
  - *Region* – e.g. increase in community diabetes awareness

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Alberta
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APPENDIX B:

PLANNING FOR RESULTS FRAMEWORK

Appendix B: Planning for Results Framework

KEY STEP	*KEY QUESTIONS*	*EXAMPLE*
Identify priorities with desired results	How are priorities consistent with: mandate, AHW Business Plan, and government expectations?	**Broda Shift**
Select measures to assess progress	How do measures assess desired results?	**Ratio of alternative services to long-term care / targeted pop.**
Set targets to be accomplished	What results can be realistically committed to over the next three years?	**Attain 40% alternative service target by 2008**
Determine and implement strategies	What strategies can be implemented to achieve results?	**P3 to increase supportive living and homecare options**
Evaluate and report	What indicators will be used to review and report progress?	**Results with explanation**

Appendix B: Planning for Results Framework

KEY STEP	*KEY QUESTIONS*	*EXAMPLE*
Identify priorities with desired results	How are priorities consistent with: mandate, AHW Business Plan, and government expectations?	**Broda Shift**
Select measures to assess progress	How do measures assess desired results?	**Ratio of alternative services to long-term care / targeted pop.**
Set targets to be accomplished	What results can be realistically committed to over the next three years?	**Attain 40% alternative service target by 2008**
Determine and implement strategies	What strategies can be implemented to achieve results?	**P3 to increase supportive living and homecare options**
Evaluate and report	What indicators will be used to review and report progress?	**Results with explanation**

APPENDIX C:

HEALTH PLAN FACTORS AND MEASURES

Appendix C: Health Plan Factors and Measures

PART A: HEALTH PLAN

AREA	REQUIREMENTS	FACTORS *(Note: some of these factors align with and form part of the Government Expectations in Part B.)*
How the Health Authority proposes to: **carry out its Section 5 responsibilities** **and measure its performance in carrying out its responsibilities.**	Promote and protect the health of the population in the health region and work toward the prevention of disease and injury	Identification of intended outcomes, supported by strategies, including timeframes and measures to assess progress
	Assess on an ongoing basis the health needs of the health region	Discussion of key areas, including present gaps and emerging trends, exhibits health needs awareness
	Determine priorities in the provision of health services in the health region and allocate resources accordingly	Priorities identified, with related plan for resource allocation
	Ensure that reasonable access to quality health services is provided in and through the health region	Identification of intended outcomes, supported by strategies, including timeframes and measures to assess progress
	Promote the provision of health services in a manner responsive to the needs of individuals and communities and supports the integration of services and facilities in the health region	Strategies proposed demonstrate responsiveness to needs and supports service and facility integration
Community Health Councils	Provisions for the establishment of a CHC	Applies to any new CHCs
	Provisions setting out the role of the CHC and the relationship to the RHA	Role and relationship references

Appendix C: Health Plan Factors and Measures

AREA	REQUIREMENTS	FACTORS *(Note: some of these factors align with and form part of the Government Expectations in Part B.)*
Services (RHA Act, Section 9 (4) (d))	Information respecting the health services to be provided, and the anticipated cost of providing those services	Overview of health services, to be provided, with costs where appropriate, including: ▪ Ground Ambulance ▪ Emergency Services ▪ Primary Health Care ▪ Diagnostic and assessment ▪ Acute Services ▪ Post treatment care ▪ Continuing care ▪ Mental Health
Other required information	Health Plan aligns with Ministry Business Plan Goals	Encourage and support healthy living. ▪ Albertans choose healthier lifestyles ▪ Albertans' health is protected Ensure quality health services ▪ Improved access to health services ▪ Improved health service outcomes. Lead the health system ▪ Health system sustainability ▪ Organizational excellence

Appendix C: Health Plan Factors and Measures

PART B: GOVERNMENT EXPECTATIONS

AREA	GOALS	FACTORS	MEASURES
Information & Technology	Improved capacity of Alberta's health system to promote and deliver services by cost-effectively harnessing the advances being made in information technology	• IM/IT plans and targets demonstrate alignment with the Provincial IM/IT 1-3 year Plan and include: ◦ Plans for continued development of security standards. • Funded strategy for evergreening of technology • Data Quality is being addressed • Increase in use of telehealth for clinical purposes	• Demonstrated progress toward achievement of the deliverables identified in the Provincial IM/IT 1-3 year Plan including progress toward full implementation of the ISO 17799 Security controls. • Demonstrated implementation of the Privacy and Security Self Assessment Tool. • A regional evergreening strategy has been developed and documented. • A regional Data Quality plan has been developed and documented. • Number of telehealth sites/installations • Recorded clinical usage of Telehealth
Cost of Services	Services delivered in a cost-effective manner	• Continued development of cost of service measurements • Regional alignment with provincial direction	• Number of approved regional strategies to improve cost of service information
Wellness and Health Living	Implement strategies and identify targets that contribute to the achievement of objectives and targets set out in the *Framework for a Healthy Alberta*	• Health Plan steps to increase healthy behaviours and reduce chronic disease are based on provincial targets as identified in the Framework for a Healthy Alberta. • Development and implementation of strategies, with timelines, to encourage healthy behaviours and reduce chronic disease	• Baseline information established for healthy behaviours and chronic disease • Targets for healthy behaviours and chronic disease established using baseline data • Early outcomes and achievements reports

Appendix C: Health Plan Factors and Measures

Access to Services	Patients receive services within appropriate standardized time frames. Additional regional service access targets are set based on priorities established by the health authority Board	▪ Identify access issues your region will be addressing. Those that have a provincial approach (i.e. MRI/CT, breast and prostate cancer episodes of care, children's mental health, coronary artery by-pass surgery, orthopedic surgery, geographic access guidelines) require greater detail ▪ Detail on measures that will indicate progress: inputs, outputs, success indicators ▪ Compliance with AWR data submission guidelines; and where applicable, comparable data on wait lists for surgical contracts (private non-hospital surgical facilities).	Wait Time in weeks ▪ Provincial initiatives: CABG, ortho, breast/ prostate cancer, MRI, CT, children's mental health ▪ Regional initiatives Volume and Rate of Services Completed ▪ Provincial initiatives ▪ Regional initiatives People Waiting ▪ Provincial initiatives ▪ Regional initiatives
Mental Health	Advance mental health by integrating mental health services with health authority operations and by improving access to meet demand for service in accordance with provincial mental health plan.	▪ Regional plan aligns with provincial mental health plan. ▪ Completion of needs assessment to identify service gaps. ▪ Accountability is consistent with Alberta Health Accountability Framework. ▪ Collaboration efforts initiated with key stakeholders.	▪ Comprehensive plan completed and submitted to AHW by March 2005. ▪ Number and type of alternate supported housing for mental health clients. ▪ Self-reported mental health assessment. ▪ Wait times for access to services. ▪ Suicide rates. ▪ Board approved regional accountability policies and strategies. ▪ Number and type of partnerships with consumer groups, other regions, government ministries, universities/colleges, AMHB and other stakeholders.

Appendix C: Health Plan Factors and Measures

Quality of Service	Quality service is provided to residents	▪ Program Accreditation progress ▪ Alignment with common provincial measures to indicate quality of service ▪ Patient concerns resolution process identified, measures of success identified ▪ Patient safety initiatives identified, including measures for assessing ▪ Quality improvement and quality control strategies ▪ Collaboration with Health Quality Council ▪ Incorporation of Quality Dimensions into initiatives ▪ Description of strategies used to achieve 3-year health plan objectives ▪ Regional participation in HQCA measurement framework	Status of quality improvement initiatives ▪ Regional initiatives o Client satisfaction results o Number of adverse events reported ▪ Provincial initiatives o Percent of facilities accredited o Safety initiatives implemented: e.g. HQCAA recommendations o Percent of complaints responded to in three business days o Implementation of Patient Concern Resolution Process. Quality Measurement Framework ▪ Number and type of quality improvement processes being measured
Primary Care	Attainment of the primary health reform objectives	Health Link: ▪ Strategies to reduce inappropriate emergency visits (based on emergency triage scale) and reduction in after hours calls to doctors ▪ Formal linkages to other primary care, particularly LPCIs ▪ Promotion of Health Link and wayfinding services Primary Care objectives ▪ Strategies to support PC objectives ▪ Strategies to increase using a multi-disciplinary approach including an increase in the number of non-physician encounters recorded by LPCIs ▪ Comprehensive approach to chronic disease management planned or underway	Health Link ▪ Satisfaction rates with Health Link ▪ Volume of calls by population segments ▪ Number of inappropriate ER visits LPCIs ▪ Number of LPCIs implemented ▪ Satisfaction rates with LPCIs ▪ Proportion of regional population covered by an LPCI ▪ Percent of Albertans with a regular family physician

Appendix C: Health Plan Factors and Measures

Continuing Care	Provide quality continuing care services based on assessed need, coordinated access and a focus on community services that promote "aging in place".	• Elaboration of continuing care services strategy for the region on basis of continuing care projection model (translate previously prepared 10-year continuing care plans to the 3-year health plan) • Preparation of capital development plans for long-term care facility beds vs. supportive living investments and community living/home care programs in response to continuing care projection model. • Continuation of the shift of continuing care clients from facility living to community living: provincial target facility resident ratio per 1000 75+: 69.00 in 2005/06 and 67.50 in 2006/07 • Full implementation of co-ordinated access, including improvement of case management, seven-day access, and removal of barriers for inter-regional transfers • Implementation of Continuing Care System Project – measurement according to timelines indicated in business case. • Preparation and implementation of a quality improvement plan for continuing care services for the region • Increase of average paid hours in long term care facilities to a minimum of 3.4 hours per resident per day by 2006/2007 • Enhancement of short-term acute home care, short-term acute community mental health home care, and end-of-life home care based on First Ministers' agreement. Report on performance measures. • Review and preparation of action plan on workforce changes as result of shift of continuing care services.	Aging in appropriate community setting • Number and type of strategic investments in supportive living arrangements, including Designated Assisted Living and home care • Long-term care resident ratio to population over 75 years • Proportion of services provided through community home care For 3 streams of short-term home care programs: • Number of additional clients • Number and type of service investments • Implementation of new delivery models Quality of care: • Average paid hour per resident day • Availability of 7-day access to co-ordinated access without barriers • Continuing Care Support Systems implemented • Strategy to implement reporting of new core data requirements by 2007 • Implementation of regional quality improvement plan involving care providers

Appendix C: Health Plan Factors and Measures

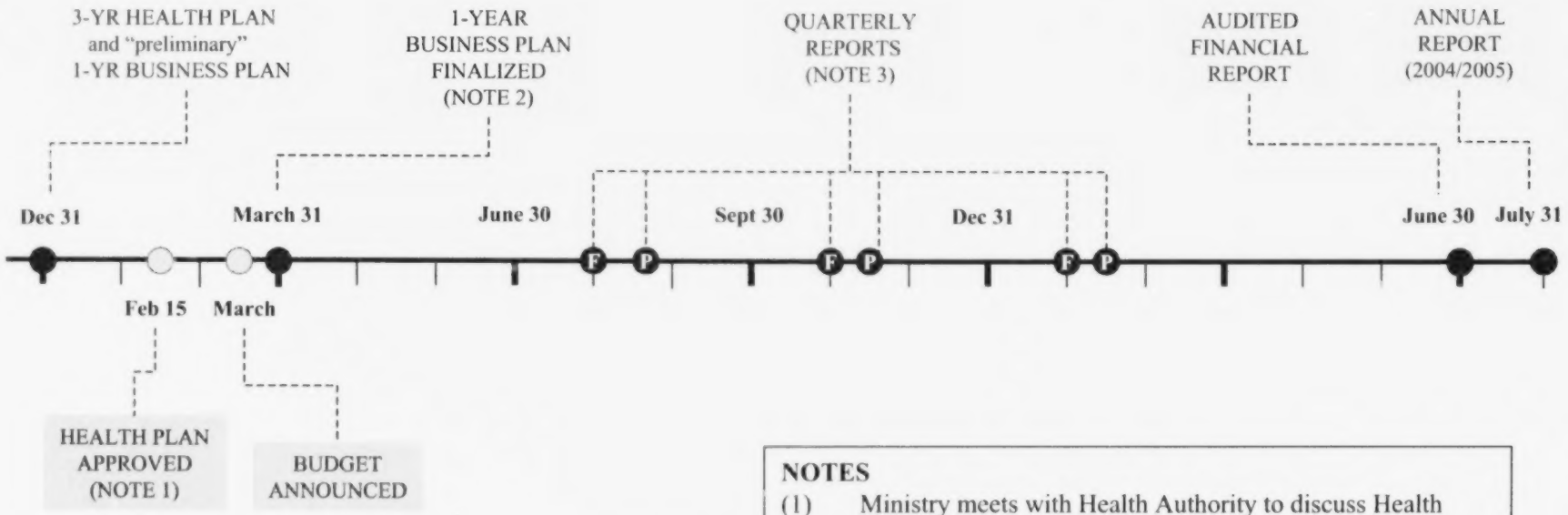
Workforce	The health region is able to secure and retain an adequate and appropriate supply of health care workers to meet identified health needs	▪ Building Capacity: ○ Develop and submit a Workforce Plan that is aligned with the Comprehensive Workforce Planning Framework. ○ RHA Health Plans provide evidence of a regional planning process that links the business plan, workforce plan, and financial planning for 05/06. ▪ Utilization: RHA Health Plans provide evidence of strategies to review staff mix/staff utilization.	Quality of work life: ▪ Turnover rate ▪ Staff wellness initiatives ▪ Sick time/injury rates Supply: ▪ Vacancies for staffed positions

APPENDIX D:

ACCOUNTABILITY DOCUMENTS TIMETABLE

APPENDIX D: ACCOUNTABILITY DOCUMENTS TIMETABLE

HEALTH AUTHORITIES



ALBERTA HEALTH & WELLNESS

NOTES

(1) Ministry meets with Health Authority to discuss Health Plan and performance targets

(2) "Preliminary" business plan and performance targets finalized after budget announcement

(3) Quarterly performance reports:
F = Financial Report due 30 days after end of quarter
P = Performance Report due 45 days after end of quarter

APPENDIX E:

HEALTH AND WELLNESS BUSINESS PLAN 2004-07

Health and Wellness

BUSINESS PLAN 2004-07

ACCOUNTABILITY STATEMENT

The Business Plan for the three years commencing April 1, 2004 was prepared under my direction in accordance with the *Government Accountability Act* and the government's accounting policies. All of the government's policy decisions as of February 27, 2004 with material economic or fiscal implications of which I am aware have been considered in preparing the Business Plan.

The Ministry's priorities outlined in the Business Plan were developed in the context of the government's business and fiscal plans. I am committed to achieving the planned results laid out in this Business Plan.

[original signed]

Gary Mar, *Minister of Health and Wellness*
March 4, 2004

THE MINISTRY

The Ministry is comprised of the Department of Health and Wellness and the Alberta Alcohol and Drug Abuse Commission (AADAC). This Business Plan sets out strategic changes, improvements and activities for both components of the Ministry in the three years ahead. The Ministry Business Plan guides the department operational plans. Supplementary information on AADAC's business plan is in the appendix. This Business Plan is also a framework for development of multi-year performance agreements and plans by health authorities.

Financial information is consolidated in the attached Ministry Statement of Operations. A summary of progress on this Business Plan will be reported in the 2004-05 Annual Report for Alberta Health and Wellness. A more detailed description of how the health system in Alberta works today can be found on our Web site at

www.health.gov.ab.ca/public/document/health_system_works.htm.

LINK TO GOVERNMENT STRATEGIC BUSINESS PLAN

PROVINCIAL OPPORTUNITIES FOR THE NEXT TWENTY YEARS

1. Unleashing Innovation
2. Leading in Learning
3. Competing in a Global Marketplace
4. Making Alberta the Best Place to Live, Work and Visit

GOVERNMENT OF ALBERTA CORE BUSINESSES

People...
improving the quality of life in Alberta for individuals and their families through the government's priorities for health, education, our children, those in need and Aboriginal Albertans.

Prosperity...
protecting the quality of life in Alberta through the government's priorities for our economy, resources, local government sector, and the province's financial and intergovernmental position.

Preservation...
reflect the government's priorities for community safety, the environment, and our natural, historical and cultural resources.

▼

Government Goals Relating to Health

Albertans will be healthy.
Albertans will be well prepared for lifelong learning and work.
Alberta's children and youth will be supported in reaching their potential.
Albertans will be self-reliant and those unable to provide for their basic needs will receive help.
Aboriginal communities and people in Alberta will have improved social and economic circumstances.
Alberta will have an effective, responsive and well-managed local government sector.
Alberta will have a prosperous economy.
Alberta will have a financially stable, open and accountable government and a strong intergovernmental position in Canada.
Alberta will be a fair and safe place to work, live and raise families.
The high quality of Alberta's environment will be sustained.
Alberta will have effective and sustainable government-owned and supported infrastructure.

▼

Core Businesses for Ministry of Health and Wellness

Encourage and support healthy living.
Ensure quality health services.
Lead the health system.

Goals for Health and Wellness

Albertans choose healthier lifestyles.
Albertans' health is protected.
Improved access to health services.
Improved health service outcomes.
Health system sustainability.
Ministry organizational excellence.

VISION

Healthy and well Albertans

MISSION

Provide leadership and work collaboratively with partners to assure the delivery of quality affordable health services and wellness programs to help Albertans be healthy.

CORE BUSINESSES

Core Business 1: Encourage and support healthy living.
- Goal 1 - Albertans choose healthier lifestyles.
- Goal 2 - Albertans' health is protected.

Core Business 2: Ensure quality health services.
- Goal 3 - Improved access to health services.
- Goal 4 - Improved health service outcomes.

Core Business 3: Lead the health system.
- Goal 5 - Health system sustainability.
- Goal 6 - Ministry organizational excellence.

SIGNIFICANT OPPORTUNITIES AND CHALLENGES

This is an exciting time for Alberta's health system. Recent reforms in key areas laid the foundation for improved accessibility, integration and cost-effectiveness. The Premier's Advisory Council on Health proposed significant change in its report released January 2002. That report is the blueprint to strengthen and sustain Alberta's health system. Partnerships with health authorities, service providers and other stakeholders have given rise to innovative ways to increase effectiveness. At the same time, our partnerships continue to improve the accessibility and quality of health services. The 2004-07 Government of Alberta Strategic Business Plan acknowledges Albertans want and expect to be full participants in governing the province and the services it provides. Community governance is considered a normal operating procedure.

Beginning in the fiscal year 2003-04, the Ministry made important changes to the strategic alignment, accountability and performance of the nine regional health authorities and two provincial boards. Multi-year performance agreements that include plans, expectations and performance measures will set out in clear terms the duties and obligations of the Minister and the health authorities. The performance agreements will focus on recommendations of key direction-setting documents such as the following:

- *A Framework for Reform,*
- *Healthy Aging: New Directions for Care,*
- *Going Further: Building on a Framework for Reform.*

The Ministry strives to provide a quality health system that is contemporary, responsive, affordable and well-managed. Initiatives proposed by the Premier's Advisory Council on Health have been integrated with most aspects of the Ministry's business, resulting in significant improvement to the foundation of Alberta's health system.

CHANGING POPULATION PROFILE

Alberta's population is growing and aging. By 2016, 10 to 14 per cent of Albertans will have reached age 65 or older. Alberta will need to offer more customized models of care, which will allow people to 'age-in-place'. A significant proportion of Albertans are Aboriginal with specific health needs. The challenge is to enhance the opportunities for all Albertans to optimize their personal health and wellness.

HEALTHY CHOICES AND OPPORTUNITIES

The health of individuals is influenced by the choices they make. The Government of Alberta Strategic Business Plan requires collaboration to positively influence the factors that lead to healthy human development.

TECHNOLOGICAL ADVANCES

Maintaining Alberta's leadership in health technology and innovation will benefit our future economy. Technological innovation creates opportunities to improve service delivery. The challenge will be to evaluate the cost and benefit of new technologies, including health outcomes.

HEALTH HUMAN RESOURCES

We need to pursue opportunities for collaboration with educational institutions to meet the health human resource need. Population changes will increase demand for all types of health services. New concepts in health human resource planning are being implemented to enhance health service delivery. The challenge is to ensure an appropriately skilled workforce will be available for the future.

PUBLIC HEALTH RISK MANAGEMENT

Alliances across governments will ensure Albertans benefit from best practices at the national and international level. Recent events such as Severe Acute Respiratory Syndrome (SARS) and West Nile virus have focused public awareness on our health system's preparedness and communications capacity for population health emergencies. The Ministry will continue to refine existing readiness plans.

SUSTAINABILITY

The Ministry will play a leadership role at provincial and national levels to maintain the necessary flexibility for creative and innovative local solutions. Health sustainability means investing in the health and wellness of the population over time using the human and financial resources available. The challenges bring opportunities to be innovative and flexible.

STRATEGIC PRIORITIES 2004-07

The Ministry strategic priorities for the next three years have been identified. These priorities are in addition to the important ongoing core activities of the Ministry.

1. Strengthen public health risk management capabilities.

Linkage: Goal 2

Albertans want to know that their health system is prepared and able to protect them from risks to their health. Recent events such as the outbreak of SARS and West Nile virus have reinforced the importance of strong public health programs. Albertans are partners in this effort. Key strategies for managing public health risks include:

Protect Albertans against communicable diseases

Strengthen and restructure system capacity to respond to public health issues and risks.

Protect Albertans from environmental health risks

Protect Albertans from health risks in the environment through education, regulatory enforcement and partnership with other agencies.

2. Enhanced health system sustainability.

Linkage:
Goals 1, 3, 4, 5 and 6

The long-term sustainability of Alberta's health system depends on it being contemporary, responsive, affordable and well-managed. Contemporary means adopting best practices based on evidence, using current and new technology and further developing an adaptable and progressive health workforce. Responsiveness means providing a wide range of choices to meet Albertans' changing and diverse health needs. Affordability means achieving the highest level of quality with available resources and balancing needs with other demands for services such as education. Well-managed means creating and maintaining partnerships, effective governance and management structures. Key strategies in support of sustainability include:

Cross-Ministry Health Sustainability Initiative
Enhance the sustainability of the health system now and in the future by strengthening policy integration and collaboration across Ministries.

Primary health care
Access to health services is an important issue for Albertans. Implementation of the agreement with the Alberta Medical Association and health authorities will enhance access to primary health care throughout Alberta. Albertans expect that services will be available when needed and provided in an effective and coordinated manner.

Community care
In many instances, community-based care has proven to be an effective alternative to high cost acute care provided in traditional hospital settings. By strengthening the capacity of community-based health service providers, Alberta seniors, persons with disabilities and those with mental health needs will be able to receive the care they need on a timely basis in their communities.

Alternate funding mechanisms
The future sustainability of Alberta's health system will depend on finding new ways of resourcing the growing list of health services and programs which people find to be of benefit and value in maintaining optimum health and wellness. Many of these extend beyond established *Canada Health Act* services.

Electronic health record
The continuous improvement of quality is an integral part of health service delivery in Alberta. The expansion of the electronic health record will improve quality by ensuring that health service providers have pertinent and accurate health information. This will result in more accurate diagnosis and treatment for better, safer patient care.

Health promotion and protection
Albertans want to take greater personal responsibility for their own health and wellness. Proper exercise and nutrition, combined with decisions that reduce personal health risks, will improve quality of life and long-term health outcomes and decrease demands on the health system.

Health workforce recruitment and retention
A quality health system requires a competent, progressive health workforce. Close co-operation among employers, health services providers and the education system is required to develop, attract and retain health professionals.

CORE BUSINESSES, GOALS, STRATEGIES AND MEASURES

Core Business One: Encourage and support healthy living.

GOAL ONE

Albertans choose healthier lifestyles.

What it means

Health and wellness are influenced by genetic factors, early childhood development, education, employment status and the environment. Albertans want to stay healthy and are willing to learn about healthy choices to improve their quality of life. Government can help by providing timely and accurate health information in a supportive environment.

Strategies

1.1 Provide health and lifestyle information to help people make healthy choices as encouraged by the *Healthy U Campaign* and the Framework for a Healthy Alberta.

1.2 Enable people to make appropriate use of the health system through counselling and information services like HealthLink.

1.3 Collaborate with other Ministries on initiatives to address the needs of children, youth, seniors, aboriginal communities and Albertans with disabilities or who are disadvantaged.

1.4 Ensure that addiction information, prevention and treatment is available province-wide.

Performance Measures	Last Actual (year)	Target (2004-07)
1.A Self-reported health status " excellent, very good or good health"		
Age 18-64	90% (2003)	90% (2005)
Age 65+	80% (2003)	80% (2005)
1.B Per cent of Albertans who smoke	28% (2000-01)	25% (2004-05)
1.C Per cent of Alberta youth (age 12-19) who smoke*	17.9% (2000-01)	15% (2006-07)
1.D Per cent of Albertans who are "active or moderately active"	52% (2000-01)	55% (2004-05)
1.E Per cent of Albertans with "acceptable" body mass index (BMI)	47% (2000-01)	50% (2004-05)
1.F Per cent of Alberta women who consumed alcohol during pregnancy	3.9% (2000-01)	2.5% (2004-05)**

* Also one of AADAC's performance measures.

** Target is 0 per cent by 2012.

GOAL TWO

Albertans' health is protected.

What it means

As public health issues like SARS gain attention worldwide, Albertans need to know their health system is ready and able to protect their health. Alberta Health and Wellness, in collaboration with health authorities and other partners, will continue to protect Albertans from disease and injury.

Strategies

2.1 Protect Albertans against communicable diseases by strengthening the health system's capacity to respond to public health issues and risks, including immunization and implementation of Alberta's pandemic influenza response plan as necessary.

2.2 Protect Albertans from environmental health risks through education, environmental monitoring, regulatory compliance and enforcement in partnership with other Ministries.

2.3 Collaborate with other Ministries to ensure safe and secure drinking water for Albertans.

2.4 Reduce suicide and the risk of serious injury through education and targeted interventions in collaboration with other agencies.

2.5 Develop networks and initiatives that improve access to disease screening and prevention services (e.g., diabetes).

Performance Measures	Last Actual (year)	Target (2004-05)
2.A Childhood immunization coverage rates:		
Diphtheria, tetanus, pertussis, polio, Hib	78% (2001)	88% (2005)
Measles, mumps, rubella	87% (2001)	98% (2005)
Pneumococcal and meningococcal	New	97% (2005)
2.B Per cent of seniors who have received the recommended annual influenza (flu) vaccine	66% (2002-03)	75% (2004-05)
2.C Mortality rates for injury and suicide (per 100,000)	50 (2001)	45 (2004)
2.D Screening rate for breast cancer per cent of women age 50 - 69 receiving screening mammogram every two years	71% (2000-01)	75% (2004-05)

Core Business Two: Ensure quality health services.

GOAL THREE

Improved access to health services.

What it means Albertans expect health services will be accessible where and when needed. Working with health authorities and service providers, Alberta Health and Wellness sets access standards for the health system. Improved access includes standards for wait times, geographic access and supports for choice in health services. These standards and their targets are as interconnected as the health system itself, and any target affects other health services.

Strategies

3.1 Develop and implement access standards for selected services and the electronic booking system for the province.

3.2 Expand participation in Alberta's Electronic Health Records.

3.3 Work tri-laterally with the Alberta Medical Association and health regions to implement changes to improve primary health care:

- 24 hours a day, seven days a week access to primary care services;
- greater use of multi-disciplinary teams;
- improved coordination and integration with other health care services;
- increased emphasis on health promotion, disease and injury prevention, including chronic disease management (e.g., diabetes).

3.4 Ensure appropriate access to health services in rural and remote areas.

3.5 Develop and implement guidelines for emergency health, trauma services and obstetrical services.

3.6 Promote options for continuing care that allow Albertans to 'age-in-place.'

3.7 Complete Broda report implementation through strategies focused on:

- quality of long-term care services;
- coordinated access to long-term care services; and
- consolidation and modernization of legislation relevant to long-term care.

3.8 Protect Albertans from catastrophic drug costs.

Performance Measures	Last Actual (2003)	Target (2005)
3.A Regional Health Authority achievement of targets based on clinical urgency		
Hip replacement	New	To be determined*
Heart surgery	New	To be determined*
Cancer radiation (breast & prostate)	New	To be determined*
MRI	New	To be determined*
3.B Number waiting for long-term care facility placement:		
In acute hospital	340	340 - No improvement
Urgent in community	457	457 - No improvement
3.C Ratings of ease of access to health services		
Physician services	86%	86% - Maintain
Hospital services	72%	72% - Maintain

* Measures and targets will use Wait List Registry data. Targets under development will take into consideration clinical factors, available resources and impacts on other areas within the health system.

GOAL FOUR

Improved health service outcomes.

What it means Albertans expect the best possible care and outcomes every time they use the health system. As part of its leadership and assurance role, the Ministry establishes quality standards for safety, accessibility and effective use of resources. This role also includes ensuring compliance. The Ministry continually updates standards and develops new initiatives in response to technological advances, demographic changes and other factors.

Strategies

4.1 Promote quality standards for health services, such as patient safety.

4.2 Use information from the Health Quality Council of Alberta to improve performance of Alberta's health system.

4.3 Help Albertans with chronic health conditions maintain optimum health through appropriately managed and coordinated care.

4.4 Ensure Albertans receive health services from the most appropriate facilities or providers.

4.5 Refine mechanisms to deal with health care concerns and complaints.

Performance Measures	Last Actual (year)	Target (2002-07)
4.A Ratings of quality of care received:		
Overall	85% (2003)	85% - Maintain (2004)
Hospital	83% (2003)	83% - Maintain (2004)
4.B Per cent of persons who have received a service who are satisfied with the way the service was provided	87% (2003)	90% (2005)
4.C Success in treating people with chronic conditions in their communities - Ambulatory Care Sensitive Conditions hospitalization rates* (per 100,000, age standardized)	460 (2000-01)	460 - No improvement (2004-05)
4.D Heart attack survival rate (30 day survival in hospital) (three year average for data)	90% (1998-2001)	92% (2002-05)
4.E Satisfaction with response to complaint about health services	33% (2002)	50% (2007)

* Reduced hospitalization rates for chronic conditions like asthma, diabetes, depression, hypertension, neurosis, and alcohol and drug dependencies.

Core Business Three: Lead the health system.

GOAL FIVE

Health system sustainability.

What it means

Alberta's complex health system is challenged by continuous change, rising costs, steady growth and increased public expectations. A sustainable health system must meet these challenges today and in the future while remaining affordable to the taxpayer. Maintaining quality and public confidence while slowing the growth of provincial health care expenses in relation to provincial revenues are key requirements for a sustainable health system. Attaining health system sustainability requires the collaboration of stakeholders and especially the Alberta public who use the system. Public communication and education strategies under Goal 1 will help Albertans become more effective partners in managing public health care. Collaboration with Alberta Infrastructure is needed to ensure Alberta's infrastructure supports health and wellness service delivery.

Strategies

System Management

5.1 Lead the Health Sustainability Initiative, which strengthens collaboration, integration and coordination across government ministries to enhance the sustainability of the public health system.

5.2 Provide leadership in federal-provincial relations to maintain Alberta's ability to meet local health needs.

5.3 Collaborate with health authorities and other partners on integrated policy and planning initiatives.

5.4 Implement multi-year performance agreements with health authorities that promote innovation, collaboration and set out performance expectations and deliverables.

5.5 Collaborate to evaluate alternative ways to finance programs not covered by the *Canada Health Act*, including cost-sharing approaches for a wide range of services.

Health Workforce

5.6 Work with key stakeholders on plans and initiatives, such as the Rural Physician Action Plan, to educate, recruit and retain the needed health workforce.

5.7 Increase flexibility of the health workforce within the provisions of the *Health Proj... ons Act*.

Technology

5.8 Improve processes to evaluate effectiveness and cost and coordinate implementation of new health care technologies, including drugs.

5.9 Implement integrated information systems, including the Electronic Health Record, that will support research and improve clinical and management decision-making.

5.10 Lead implementation of health information management best practices, including privacy and security.

5.11 Implement Information Management/Information Technology Governance Council processes and structures to guide health sector investments in strategic information management and information technology.

Performance Measures	Last Actual (year)	Target (2004-07)
5.A Public rating of health system overall	65% (2003)	65% - Maintain (2004)
5.B Physical Condition of Health Facilities - Per cent of publicly owned health care facilities in fair or good physical condition.	93% (2002-03)	94% (2004-05)
5.C Per cent increase in provincial health expenses in relation to the per cent growth in provincial revenues*		1.5 (2005-06)
5.D Funding for services provided		
Portion of provincial contribution	81% (2003-04)	75% (long-term)
Portion of federal contribution	19% (2003-04)	25% (long-term)
5.E Developing and maintaining workforce capacity	New	To be determined

* Target is 1.0 by 2012.

GOAL SIX

Ministry organizational excellence.

What it means Albertans want to know the Ministry is working efficiently and it will continue to provide excellent service. To do this, the Ministry must work in partnership to use available human, financial and technological resources in the best possible way and foster the culture of a learning organization.

Strategies

6.1 Improve the department's leadership and the quality of its contribution to Cross-Ministry Initiatives.

6.2 Deliver high quality information and client service through Ministry direct operated programs.

6.3 Cultivate a supportive work environment that encourages teamwork and shared responsibility.

6.4 Foster an organizational culture of learning and continuous improvement.

6.5 Maximize effectiveness of stakeholder networks and relationships.

6.6 Enhance Ministry performance through appropriate systems and tools.

Performance Measures	Last Actual (year)	Target (2004-05)
6.A Per cent of stakeholders reporting easy access to information	New	Improvement Target to be determined
6.B Per cent of Albertans reporting their inquiries to the department were handled satisfactorily	82% (2002)	85% (2004)
6.C Number of contacts regarding the Alberta Health Care Insurance Plan	New	Reduction (Decrease in number of contacts by increasing access to timely, quality information.) Target to be determined.
6.D Satisfaction rating among other Ministries with Alberta Health and Wellness' contribution to Cross-Ministry Initiatives	83% (2002)	90% (2004)
6.E Per cent of Alberta Health and Wellness employees* who report that the organization provides the support they need to acquire or develop knowledge and skills in their current jobs	76% (2003)	78% (2004)

* Refers to department staff only.

EXPENSE BY CORE BUSINESS

(thousands of dollars)

	Comparable 2002-03 Actual	Comparable 2003-04 Budget	Comparable 2003-04 Forecast	2004-05 Estimates	2005-06 Target	2006-07 Target
Encourage and Support Healthy Living	192,417	235,147	238,827	232,623	237,132	239,587
Ensure Quality Health Care Services	6,529,181	7,007,484	7,031,679	7,651,356	8,094,946	8,414,424
Lead the Health System	115,024	107,674	107,674	111,862	118,326	118,326
MINISTRY EXPENSE	6,836,622	7,350,305	7,378,180	7,995,841	8,450,404	8,772,337

MINISTRY STATEMENT OF OPERATIONS

(thousands of dollars)

	Comparable 2002-03 Actual	Comparable 2003-04 Budget	Comparable 2003-04 Forecast	2004-05 Estimates	2005-06 Target	2006-07 Target
REVENUE						
Internal Governmental Transfers	104,987	196,380	196,380	209,274	219,059	221,797
Transfers from Government of Canada:						
Canada Health and Social Transfer	931,106	1,112,809	1,187,775	-	-	-
Canada Health Transfer	-	-	-	1,096,791	1,126,771	1,174,149
Health Reform Fund	-	99,200	99,676	150,497	353,810	458,377
Diagnostic / Medical Equipment Fund	-	49,600	49,584	49,640	49,690	-
Other	19,049	135,563	134,019	328,184	273,839	209,396
Premiums, Fees and Licences	936,749	934,459	946,508	950,999	964,985	979,181
Other Revenue	78,434	65,452	75,433	77,973	66,152	65,452
MINISTRY REVENUE	2,070,325	2,593,463	2,689,375	2,863,358	3,054,306	3,108,352
EXPENSE						
Program						
Regional Health Services	3,909,611	4,133,261	4,154,761	4,506,899	4,721,537	5,010,398
Diagnostic/Medical Equipment	-	49,600	49,600	49,640	49,690	-
Province-Wide Services	418,042	416,962	416,962	454,309	471,571	490,434
Total Regional and Province-Wide Health Services	4,327,653	4,599,823	4,621,323	5,010,848	5,242,798	5,500,832
Physician Services	1,381,887	1,455,700	1,454,600	1,521,600	1,652,000	1,718,080
Non-Group Health Benefits	413,066	416,887	455,587	531,623	547,485	551,363
Allied Health Services	62,456	75,575	75,575	77,500	87,119	87,119
Protection, Promotion and Prevention	141,727	172,459	174,859	176,518	178,712	178,489
Human Tissue and Blood Services	115,605	130,000	123,000	137,000	144,350	144,350
Other Provincial Programs	142,903	173,634	173,378	185,659	195,366	197,106
Alberta Alcohol and Drug Abuse Commission	57,798	59,963	61,243	66,157	68,592	71,330
Health Reform	13,586	98,226	70,474	115,745	154,455	146,939
Ministry Support Services	105,536	110,522	110,625	116,334	116,813	113,135
Systems Development	23,507	16,153	16,153	15,494	21,351	22,231
Health Care Insurance Premiums Revenue Write-Offs	50,218	41,363	41,363	41,363	41,363	41,363
Valuation Adjustments and Other Provisions	680	-	-	-	-	-
MINISTRY EXPENSE	6,836,622	7,350,305	7,378,180	7,995,841	8,450,404	8,772,337
Gain (Loss) on Disposal of Capital Assets	-	-	-	-	-	-
NET OPERATING RESULT	(4,766,297)	(4,756,842)	(4,688,805)	(5,132,483)	(5,396,098)	(5,663,985)

CONSOLIDATED NET OPERATING RESULT

(thousands of dollars)

	Comparable 2002-03 Actual	Comparable 2003-04 Budget	Comparable 2003-04 Forecast	2004-05 Estimates	2005-06 Target	2006-07 Target
Ministry Revenue	2,070,325	2,593,463	2,689,375	2,863,358	3,054,306	3,108,352
Inter-ministry consolidation adjustments	(105,148)	(196,380)	(196,652)	(209,274)	(219,059)	(221,797)
Consolidated Revenue	1,965,177	2,397,083	2,492,723	2,654,084	2,835,247	2,886,555
Ministry Program Expense	6,836,622	7,350,305	7,378,180	7,995,841	8,450,404	8,772,337
Inter-ministry consolidation adjustments	(361)	(200)	(472)	(200)	(200)	(200)
Consolidated Program Expense	**6,836,261**	**7,350,105**	**7,377,708**	**7,995,641**	**8,450,204**	**8,772,137**
Gain (Loss) on Disposal of Capital Assets	-	-	-	-	-	-
CONSOLIDATED NET OPERATING RESULT	(4,871,084)	(4,953,022)	(4,884,985)	(5,341,557)	(5,614,957)	(5,885,582)

CAPITAL INVESTMENT BY CORE BUSINESS

(thousands of dollars)

	Comparable 2002-03 Actual	Comparable 2003-04 Budget	Comparable 2003-04 Forecast	2004-05 Estimates	2005-06 Target	2006-07 Target
Encourage and Support Healthy Living	163	25,530	25,530	26,730	25,753	26,178
Ensure Quality Health Care Services	1,259	-	-	28,151	16,700	17,840
Lead the Health System	15,264	11,400	10,400	11,737	5,550	5,370
MINISTRY CAPITAL INVESTMENT	16,686	36,930	35,930	66,618	48,003	49,388

CAPITAL INVESTMENT BY PROGRAM

(thousands of dollars)

	Comparable 2002-03 Actual	Comparable 2003-04 Budget	Comparable 2003-04 Forecast	2004-05 Estimates	2005-06 Target	2006-07 Target
Protection, Promotion and Prevention	-	25,400	25,400	26,600	25,500	26,000
Alberta Alcohol and Drug Abuse Commission	163	130	130	130	253	178
Health Reform	1,259	-	-	28,151	16,700	17,840
Ministry Support Services	4,147	-	-	1,630	1,000	1,000
Systems Development	11,117	11,400	10,400	10,107	4,550	4,370
MINISTRY CAPITAL INVESTMENT	16,686	36,930	35,930	66,618	48,003	49,388

APPENDIX: THE ALBERTA ALCOHOL AND DRUG ABUSE COMMISSION (AADAC)

The Alberta Alcohol and Drug Abuse Commission (AADAC) is mandated by the *Alcohol and Drug Abuse Act* to operate and fund services addressing alcohol, other drug and gambling problems, and to conduct related research.

AADAC is an agency of the Government of Alberta reporting to the Minister of Health and Wellness. The Commission is governed by a Board of up to 12 members appointed by the Lieutenant Governor in Council. The Chair is a Member of the Legislative Assembly. The Commission Board provides policy direction for AADAC's programs and services.

LINK TO THE GOVERNMENT BUSINESS PLAN

AADAC is directly linked to government as part of the Ministry of Health and Wellness and is referenced in the Ministry Business Plan under:

Goal 1: Albertans choose healthier lifestyles.
Strategy: Ensure that addiction information, prevention and treatment is available province-wide.

VISION

A healthy society that is free from the harmful effects of alcohol, other drugs and gambling.

MISSION

Making a difference in people's lives by assisting Albertans to achieve freedom from the harmful effects of alcohol, other drugs and gambling.

CORE BUSINESSES

Core Business 1: Information
Goal 1 - To inform Albertans about alcohol, other drug and gambling issues and AADAC services.

Core Business 2: Prevention
Goal 2 - To prevent the development of and reduce the harms associated with alcohol, other drug and gambling problems.

Core Business 3: Treatment
Goal 3 - To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems.

STRATEGIC PRIORITIES 2004-07

One of the pillars of the Government of Alberta's 20-year strategic plan, Today's Opportunities, Tomorrow's Promise, is to make Alberta the best place to live, work and visit. AADAC contributes to this vision by delivering responsive and affordable programs and services that promote healthy living. Through review of external and internal challenges, AADAC has identified the following strategic priorities for 2004-07:

1. Ensure the ongoing sustainability of addiction services across the province.
2. Continue to emphasize youth programs and services for women and families.
3. Enhance research and information services to support prevention and treatment programming.
4. Maintain a priority on tobacco reduction in Alberta.
5. Continue to support employee wellness initiatives.

CORE BUSINESSES, GOALS, STRATEGIES AND MEASURES

Core Business One: Information

GOAL ONE

To inform Albertans about alcohol, other drug and gambling issues and AADAC services.

What it means AADAC provides Albertans with current and accurate information on alcohol, other drugs and gambling. Information management and dissemination creates greater awareness of addiction issues and AADAC services, and is required to support the development and delivery of prevention and treatment programming. Information and resource materials are available through AADAC offices and clinics and are accessible on the AADAC web site at **www.aadac.com**.

Performance Measures	Last Actual (2002-03)	Target (2004-05)	Target (2005-06)	Target (2006-07)
Percentage of Albertans who are aware of AADAC services	89%	90%	90%	90%
Percentage of women who are aware that alcohol use during pregnancy can lead to life-long disabilities in a child	89%	90%	91%	92%

Core Business Two: Prevention

GOAL TWO

To prevent the development of and reduce the harms associated with alcohol, other drug and gambling problems.

What it means AADAC provides programs and services that are designed to prevent alcohol, other drug and gambling problems, and reduce the harms associated with substance abuse and problem gambling. Prevention strategies are intended to increase protective factors and reduce risk factors for the population as a whole, and within specific groups.

Performance Measures	Last Actual (2000-01)	Target (2004-05)	Target (2005-06)	Target (2006-07)
Prevalence of smoking among Alberta youth*	17.9%	16%	15.5%	15%
Prevalence of regular, heavy drinking among young Albertans	34%	33%	32%	31%

* also referred to under Goal 1 of the Ministry Business Plan.

Core Business Three: Treatment

GOAL THREE

To provide treatment programs and services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems.

What it means AADAC offers a broad continuum of treatment services that assist Albertans to improve or recover from the harmful effects of alcohol, other drug and gambling problems. Treatment is aimed at adults, youth and their families who are displaying significant problems. Services include community-based outpatient counselling, day programs, crisis and detoxification services, short and long-term residential treatment and overnight shelter. Specialized programs are available for youth, women, Aboriginal Albertans, business and industry referrals and persons with opiate dependency or cocaine addiction.

Performance Measures	Last Actual (2002-03)	Target (2004-05)	Target (2005-06)	Target (2006-07)
Percentage of clients who are satisfied with treatment services	95%	95%	95%	95%
Percentage of clients reporting they were improved following treatment	94%	95%	95%	95%